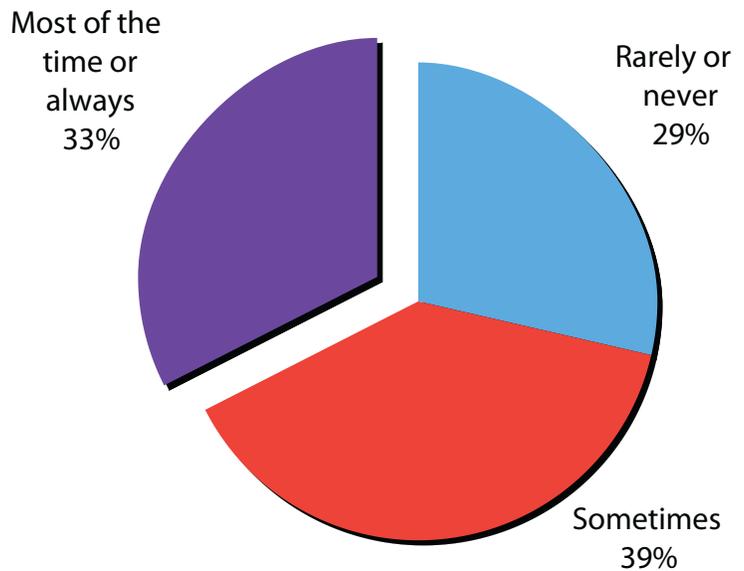


Social isolation can be a problem for people with disabilities when they are excluded from participating in community activities.

People can be isolated by physical barriers, such as inaccessible facilities or lack of help getting out of bed, by communication barriers, such as lack of sign language interpreters or audio descriptions, or by social barriers, such as poor treatment or lack of inclusion in social activities. A majority of California Independent Living Center consumers report experiencing social isolation. When presented with the statement “I feel isolated due to my disability,” 33% said “always” or “most of the time,” and 39% said “sometimes.” Only 29% of respondents checked “rarely” or “never.”*

Feelings of isolation due to disability

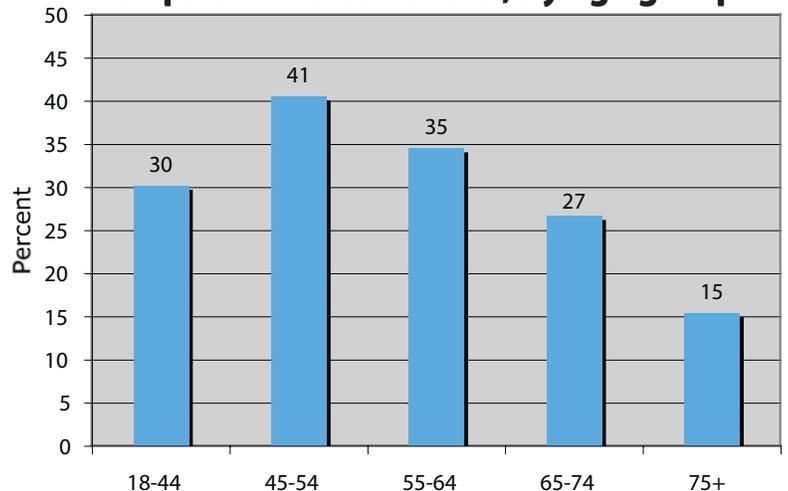


Social isolation affects people with all types of disabilities, but people with mental health disabilities are the most affected. Some 46% of respondents with mental health disabilities reported feeling isolated most of the time or always. People with speech impairments also expressed higher levels of social isolation than other groups, with 42% answering “most of the time” or “always.”

Which groups are the most socially isolated?

Although social isolation is often thought of as largely a problem for the elderly, younger respondents were much more likely than older respondents to say that they experienced frequent social isolation (“most of the time” or “always”). Among younger working-age adults (ages 18–44), 30% reported frequent social isolation; that figure rises to 41% for those between the ages of 45 and 54. Above that age, however, the level of social isolation

Frequent social isolation, by age group



*See back cover for a description of statistical methods.

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drops steadily, from 35% for those between 55 and 64 years of age down to 15% for those 75 or older.

How can social isolation be reduced?

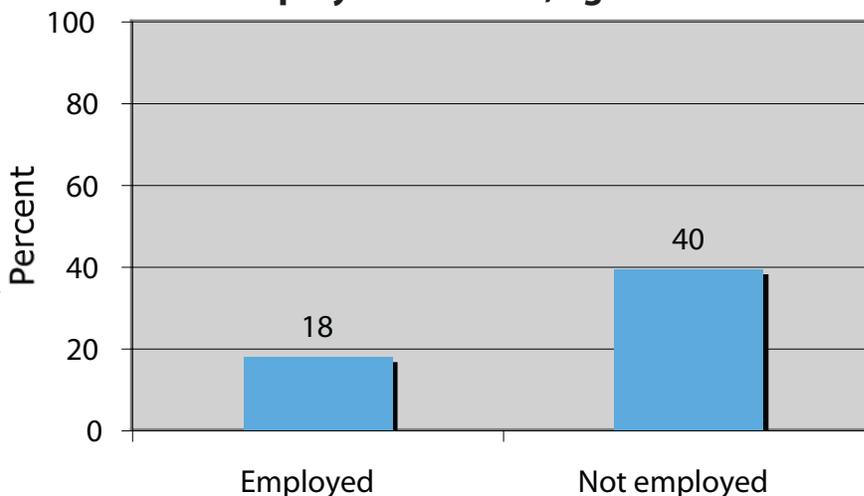
Despite the high rates of social isolation among the working-age sample as a whole, one group was far less likely to have this problem: people who were working. Among the minority of working-age respondents who were employed, only 18% experienced frequent social isolation, compared to 40% of those who did not have jobs. Employment not only provides people with an opportunity for social interaction, but it also allows people to feel more integrated into a society in which jobs and careers are highly valued.

Another group with lower levels of social isolation is people who have all the assistive technology they need, 23% of whom said they experienced frequent social isolation. In contrast, 44% of people who reported unmet need for AT (in other words, there was some device or technology they needed but did not have) reported frequent social isolation.

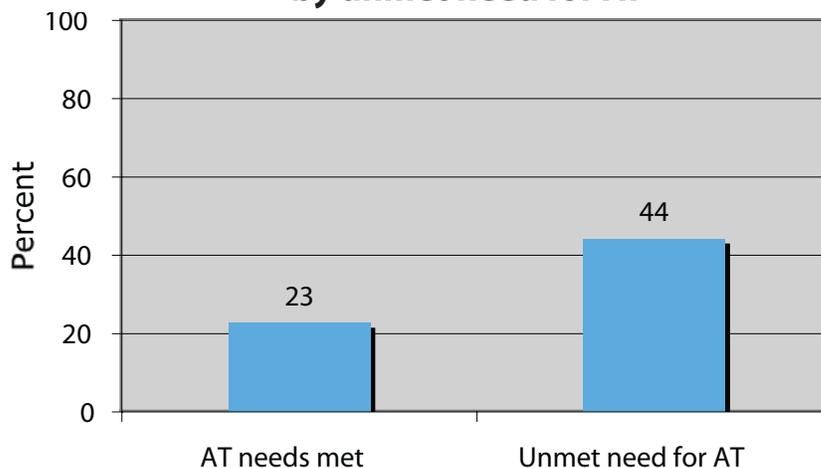
What is the role of AT in reducing social isolation?

This finding suggests that AT is crucial in helping people avoid or overcome social isolation. To further explore this issue, we asked respondents how often their AT helps them cope with social isolation. Among AT users who said they experienced social isolation, 37% said their AT helped them cope with isolation “most of the time” or “always” and 43% said “sometimes.” Only 20% said “rarely” or “never.”

Frequent social isolation, by employment status, ages 18–64



Frequent social isolation, by unmet need for AT

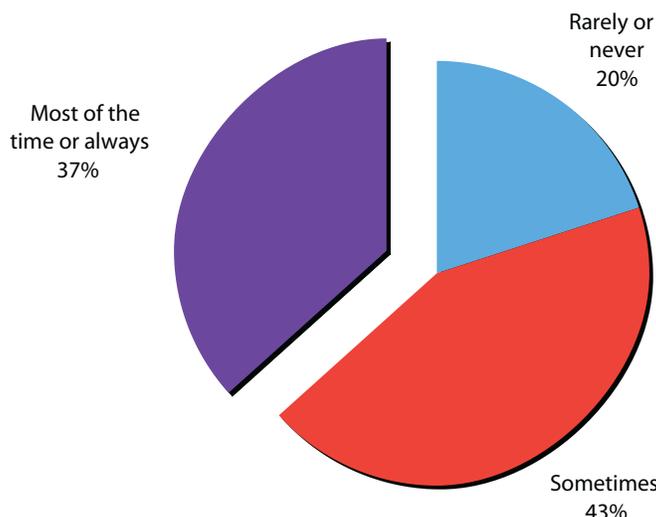


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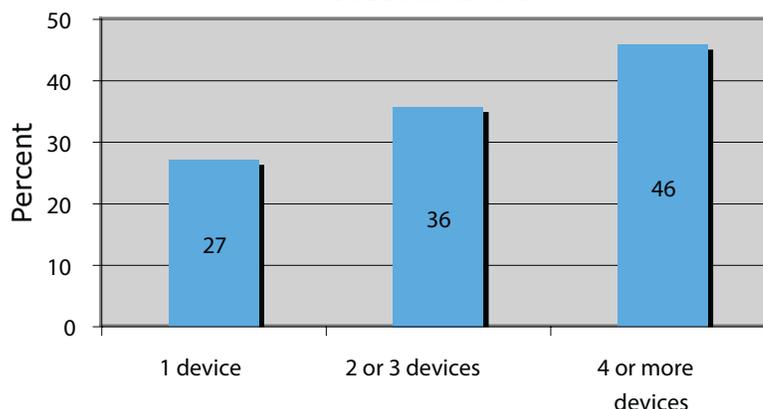
Deaf people were more likely than other groups to report that their AT usually helps them cope with social isolation (59% reporting “most of the time” or “always”). AT users with health-related physical disabilities were less likely than other groups to report that AT helps them with social isolation (27% “most of the time” or “always”).

The more AT devices people use, the more those devices help them cope with social isolation. Some 46% of people using four or more AT devices report that their AT helps them cope with social isolation most of the time or always, compared to 36% of those using two or three devices and only 27% of those using one device.

Extent to which AT helps cope with isolation, among AT users experiencing isolation



Proportion of AT users whose AT usually helps cope with isolation, by number of devices used.



Call to action

Public policy has focused on reducing social isolation among elderly adults, but little attention has been paid to the same problem among non-elderly adults with disabilities, whose level of isolation is even greater. Our findings highlight the crucial role that assistive technology plays in reducing social isolation among people with all types of disabilities. The heaviest users of assistive technology report the greatest benefit, and people whose technology needs are fully met are much less likely to have problems with social isolation.

Consumers need to be educated about the benefits of assistive technology in general, as well as of the specific devices that can help them improve their functional abilities, gain independence, and enable social participation. Service providers need to promote AT usage, not only so people can survive and maintain their health, but also so that they can join more actively in family and community activities.

The Community Research for Assistive Technology Survey

During 2005, the Community Research for Assistive Technology (CR4AT) project of the California Foundation for Independent Living Centers (CFILC) launched a survey on assistive technology (AT) usage among the consumers of independent living centers throughout California. AT was defined broadly to include any device or equipment used to maintain or improve functioning, including devices used for mobility, seeing, hearing, communication, and performing everyday tasks.

A survey was mailed to 14,000 randomly selected consumers from 20 independent living centers, and 1,919 responses were received. Respondents were given a \$20 stipend for filling out the survey, which looked at demographics and socio-economic status, equipment usage and the impact it has on everyday life, barriers to getting equipment, and the benefits of AT usage in the workplace and in the community.

People with all types of disabilities responded to the survey, with 63% reporting mobility impairments, 29% reporting mental health disabilities, 24% cognitive or other developmental disabilities, 23% visual impairments, 20% hearing impairments, 14% health-related physical disabilities, and 13% speech impairments. A majority of respondents (55%) reported more than one type of disability. Most respondents (81%) were working-age adults, of whom only 20% were employed. Racial and ethnic minorities were well represented, with 17% of respondents identifying as Latino, 16% African American, 6% American Indian, and 3% Asian or Pacific Islander.



The CR4AT project is funded by a five-year grant from the National Institute on Disability and Rehabilitation Research (NIDRR). NIDRR provides leadership and support for a comprehensive program of research focused on improving the lives of individuals with disabilities from birth through adulthood. NIDRR Grant #H133A01702

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